

***United States Court of Appeals
for the Second Circuit***



APPENDIX

FAMILY DOCTOR

Inguinal Hernia Spreads Unless Corrected at Once

By DR. THEODORE R. VAN DELLEN

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A soft protrusion in the groin usually represents an inguinal hernia. The abnormality will increase in size unless corrected and should be repaired shortly after it is detected. No one in good health is too young or too old to have the lesion mended.

A small percentage recur for various reasons. Poor surgical technique accounts for some. Type of anesthesia used also plays a role. The patient may not have been sufficiently relaxed during the operation. As a result, the tissues are sewn together under considerable tension. In these cases, the stitches give way with the slightest muscular strain or distention of the abdomen.

IN OTHER INSTANCES, surgery is successful but the tissues are weakened or fragile and not strong enough to hold together. They tear like a piece of rotten cloth. Now and then the victim



of fibrous tissue that remains alive and grows in place. Others reinforce the hernial opening with tantalum gauze. This mesh is strong, malleable, and resistant to infection.

After it is inserted, fibrous tissue grows through the openings in the mesh enhancing its strength. The metallic mesh may deteriorate in years but the mended area usually remains strong and supple.

Today's Health Hint

Air travel is safe for most heart patients.

is at fault because he has a cigaret cough. Constant hacking prevents healing. The same can be said of those who return to work and lift heavy weights too soon.

Recurrences can be prevented. Stop smoking several days before entering the hospital and lose weight to reduce the fat content of the tissues. Add extra vitamins and minerals to the diet to improve the healing process.

SURGEONS HAVE a bag of tricks to counteract the effects of overstretched fibers. Some use suture material made from strips

RICHARD FRIEDMAN, M.D.
MONTEFIORE HOSPITAL MEDICAL GROUP...

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February 2, 1966

U.S. Department of Labor
Employees' Compensation Appeals Board
Washington 25, D.C.

Dear Sirs:

Mr. Louis Teplitsky of 3181 Rochambeau Avenue, Bronx 67, New York City (BEC File #A2-104986 Board #66-187) was examined by me today. He states that he had a left hernioplasty 15 years ago at Mount Sinai Hospital and that he was well until December 11, 1963, when lifting a bag while working in the postoffice noted sudden severe pain in left inguinal area. He states that since March 8, 1964 he has been unable to work because of continuation of the pain on lifting objects, walking or prolonged sitting.

Physical examination revealed a well healed left inguinal scar and no evidence of a hernia. There is extreme tenderness and sensitivity to touch on left scrotum and medial aspect of scar.

I cannot exclude entrapment of ileo inguinal nerve as cause of his symptoms.

Respectfully yours,

Richard Friedman, M.D.
Richard Friedman, M.D.

(SURGEON)

RF:mh

I shall now quote from my three private surgeons who have examined me at my own expense.

First Surgeon - "There is extreme tenderness and sensitivity to touch on left scrotum and medial aspect of scar. I cannot exclude entrapment of ileo inguinal nerve as cause of his symptoms."

Richard Friedman, M.D.
Montefiore Hospital
Feb. 2, 1966 and March 23, 1966

Second Surgeon - "In view of the hyperesthesia of the skin and persistent tenderness, the one possible diagnosis is either a neuritis or an entrapment of the ileo inguinal nerve."

Joseph A. Buda, M.D.
Columbia Presbyterian Medical
Feb. 3, 1966 Center

Third Surgeon: "One cannot exclude involvement of the ileo inguinal nerve or other similar structure as a cause of his symptoms."

Lewis Burrows, M.D.,
Mt. Sinai Hospital
Feb. 3, 1966.

LEWIS BURROWS, M. D.
1176 FIFTH AVENUE
NEW YORK, N. Y. 10029

February 3, 1966

United States Department of Labor
Employees Compensation Appeals Board
Washington, D.C.

Re: Mr. Louis Teplitsky
31-81 Rochambau Avenue
Bronx, New York 10467

Dear Sirs:

Mr. Louis Teplitsky of 31-81 Rochambau Avenue, Bronx, New York, (BEC file No. 82-104986, Board No. 66-187) was seen in my office and examined by me today. He states that he had a left inguinal hernioplasty performed fifteen years ago at the Mt. Sinai Hospital and that he was well until December 11, 1953. At that time while lifting a bag at the post office he noticed sudden severe pain in the left inguinal area. Following this accident his situation was reviewed by several doctors and he was paid total disability for a given period up until April 13, 1964 and since April 14, 1964 has been on partial compensation. Mr. Teplitsky states that he has been unable to work at least since March 8, 1964 because of continued pain in the left inguinal area on lifting objects, walking, and prolonged sitting.

On physical examination there was a well-healed left inguinal scar and no evidence of recurrent hernia. At the mid portion of the scar there was an area of point tenderness and also some tenderness in left scrotum. The right inguinal area was normal and there were no other abnormalities noted. As to the source of his pain, this is difficult to determine. One cannot exclude involvement at the ileoinguinal nerve or other similiar structure as a cause of his symptoms or a possibility of a small recurrence which cannot be found on physical examination or the presence of a possible wire which was possibly used in the repair. In conclusion Mr. Teplitsky has been found to have no objective evidence of recurrent hernia. However, there is a point of tenderness in his mid inguinal canal overlying the scar and the exact source of this pain cannot be evaluated during this examination.

Thank you very much.

Lewis Burrows
Lewis Burrows, M.D.
Assistant Attending Surgeon at Mt. Sinai Hospital
New York, New York

LB/dg

Chief Deputy Surgeon
United States Public Hospital
Staten Island, N.Y.

Dear Doctor Stan:

I saw Mr. Louis Teplitsky, 3181 Rochambeau Avenue, Bronx, New York in the office on February 3, 1966. He apparently had been a patient at your hospital, and at his request I am writing to you.

Mr. Teplitsky gave me a history which I am certain is well known to you. In brief Mr. Teplitsky states that he had a left herniorrhaphy performed some 15 years ago at Mount Sinai Hospital. He further states that he was perfectly well until December 1963, when after lifting a heavy mail bag he noted pain in the left inguinal region. He has been seen and apparently treated at the Staten Island Marine Hospital and has been seen by other physicians for this continued pain.

On physical examination he does not have any evidence of a recurrent hernia. But as has probably been diagnosed before, or at least considered before, is that in view of the hyperesthesia of the skin and persistent tenderness, the one possible diagnosis is either a neuritis or an entrapment of the ilioinguinal nerve. I am certain that this information contains nothing new to you, but the patient appeared quite distressed and I did think that his pain is in part, at least, a valid complaint.

Very sincerely,

Joseph A. Buda, M.D.

JAB/ic

JOSEPH A. BUDA, M. D.
COLUMBIA-PRESBYTERIAN MEDICAL CENTER
180 FORT WASHINGTON AVENUE
NEW YORK, N. Y. 10032
579-1968

February 15, 1966

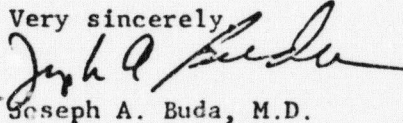
Representative Jonathan B. Bingham
305 East Kingsbridge Road
Bronx, N. Y. 10458

Dear Congressman Bingham:

I am enclosing copies of letters that I wrote to Dr. George Stan of the United States Public Health Service - and to the U. S. Department of Labor at the request of Mr. Louis Teplitsky.

I trust that these letters will be of value to you.

Very sincerely,



Joseph A. Buda, M.D.

Enc: 1 ltr.
JAB/ic

10 — The following Paragraph, was taken out from an Affidavit, Submitted to this Court on December 13, 1967 By Deputy Commissioner McLellan from Page No: 6 — The said Affidavit was in Support to Dismiss Plaintiff's Complaint. . .

UNITED STATES DEPARTMENT OF LABOR
BUREAU OF EMPLOYEES' COMPENSATION
321 WEST FORTY-FOURTH STREET
NEW YORK, N.Y. 10036

DECEMBER
13, 1967

John D. McLellan, Jr.
Deputy Commissioner

27. Mr. Teplitzky's new evidence consisted of reports from four private physicians and three private psychiatrists. [Exhibits 15-21] The reports of the physicians were that they found no physical injuries but could not rule out the possibility of actual physical pain and possible nerve injury. The psychiatrists reported that pain and anxiety had caused a marked deterioration in Mr. Teplitzky's emotional condition.

11 — In the Next Paragraph from the same page # 6 we Read the implication That Plaintiff is in Fact a Liar, a Father who is trying to Cheat from the Federal Government Un-Entitled compensation. . . I have Designated this above Paragraph and the following No: 28-Paragraph as a Frame Up No: 2. . .

UNITED STATES DEPARTMENT OF LABOR
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28. BEC had previously retained an independent surgical consultant to examine Mr. Teplitzky and offer an opinion on the claimed physical injury. The independent expert reported a lack of evidence of actual physical injury at the time of examinations and that Mr. Teplitzky showed tenderness and sensitivity to touch in the left inguinal area only when he was aware that the examiner was testing him for such tenderness and sensitivity, but did not react when caught unawares.

On the Basis of these so called Nazi type Diagnosis Judgment was Applied by the U.S. Bureau and was Confirmed by this Court opinion Memorandum on March 29, 1968 — That Plaintiff had No Grain Pain. And the "War II Emotional Condition was a Camouflage, as the Same Disability" . . .

